准备清单帮助追踪您需要哪些机能来管理自己的医疗保健。

The Readiness Checklist helps you keep track of the skills needed to manage your own health care.

要完成此表格,您需要:

To complete this form:

- 对列表中的每一项医疗保健任务,在最能描述您的技能水平的框中打勾 (✔)
 Add a check mark (✔) in the box that best describes your skill level with each health care task on the list
- 选择您想学习,或者学习做得更好的医疗保健技能
 Choose a health care skill you want to learn, or learn to do better
- 在注释部分(本页背面),写下您想学习的技能并写下学习该技能的计划 In the Notes section (on the back of the page), write down the skill you want to learn and write your plan to learn that skill
- 与您的医疗团队分享完成的表格
 Share the completed form with your health care team

| 患者姓名 | | | | | | |
|--|---|------------|-------------|------------|-----------------------|-----------|
| Patient's Name | | 我已经在 | 我正在学习 | 我需要学习 | 必须请别人做 | 这不适用 |
| 完成表格的日期(日/月/年) | | 这样做。 | 这样做。 | 怎样做。 | (如果知道姓 | 于我。 |
| Date (dd/mm/yyyy) | | Yes, | l am | I need to | 名请提供) | This does |
| Name of Clinic | | I do this. | learning to | learn how. | Someone else | not apply |
| 帮助我填写表格的人(如有)是 | | | do this. | | will have to do | to me. |
| Form completed with assistance (if needed) from | | | | | this (provide name if | |
| Torm compressed with assistance (in needed) from | | | | | known). | |
| 1. | 我可以说出并描述我的症状并解释我的保健需求。 | | | | | |
| | I can name and describe my health condition(s) and | | | | | |
| | explain my health care needs. | | | | | |
| 2. | 我可以说出我的药物和治疗方法,以及它们的目的。 | | | | | |
| | I can name my medications and treatments, and what | | | | | |
| | they are for. | | | | | |
| 3. | 我可以说出我由哪些过敏,并了解它们怎样影响我的 | | | | | |
| | 症状。 | | | | | |
| | I can name my allergies and know how they may impact | | | | | |
| | my condition(s). 我知道我的药物和治疗的剂量和副作用。 | | | | | |
| 4. | | | | | | |
| | I know the doses and the side effects of my medications and treatments. | | | | | |
| | 我自己准备和服用药物和/或进行治疗。 | | | | | |
| 5. | I prepare and take my medications and/or treatments | | | | | |
| | on my own. | | | | | |
| 6. | 我自己打电话给补充自己的处方药。 | | | | | |
| | I call in my own prescription refills. | | | | | |
| 7. | 我管理自己的医疗设备和用品。 | | | | | |
| | I take care of my own medical equipment and supplies. | | | | | |
| | 我整理并跟踪自己的健康信息(预约和测试结果)。 | | | | | |
| 8. | I organize and keep track of my own health information | | | | | |
| | (i.e. appointments and test results). | | | | | |

| | 我每天都随身携带重要的健康信息。 | | | | | |
|------------------|--|------------|----------|--|--|--|
| 9. | I carry my important health information with me ever | , | | | | |
| | day. | | | | | |
| 10. | 我知道我的医生和治疗师的名字。 | | | | | |
| | I know the names of my doctors and therapists. | | | | | |
| 11. | 我自己打电话预约医疗保健。 | | | | | |
| | I call to book my own healthcare appointments. | | | | | |
| 12. | 我每次赴诊时都会花时间与我的医疗保健提供者单 | 独 | | | | |
| | 相处。 | | | | | |
| | I spend time alone with my healthcare provider at each | h | | | | |
| | visit. | | | | | |
| | 在每次看医生之前,我都会列出想问的问题。 | | | | | |
| 13. | I make a list of questions I want to ask before each | | | | | |
| | doctor's appointment. | | | | | |
| 14. | 我知道我有什么健康保险,并带着我的健康保险卡 | 去 | | | | |
| | 赴诊。 | | | | | |
| | I know what I have for health insurance and carry my | | | | | |
| | health insurance card(s) to appointments. | SI. | | | | |
| 15. | 我准备好自己做出健康决定。我知道我将是成人护理的主要 策者。 | (大) | | | | |
| | I feel ready to make decisions about my own health. | | | | | |
| 13. | understand I will be the primary decision maker in ad | ult | | | | |
| | based care. | | | | | |
| 4.0 | 如果我生病了,我知道如何获得需要的帮助。 | | | | | |
| 16. | If I get sick, I know how to get the help that I need. | | | | | |
| | 我知道我的症状对我未来的生活可能产生什么影响 | 0 | | | | |
| 17. | I know what impact my condition(s) may have on my | ife | | | | |
| | in the future. | | | | | |
| \ <u>\</u> | | | | | | |
| 注 Notes: | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | 签字/身份 正楷姓名 缩写 | | | | | |
| Signature/Status | | Print Name | Initials | | | |

医疗保健提供者将在此处添加患者和文件条形码标签以存档健康记录: Healthcare Provider will add patient and document barcode labels for the health record here: